

13 FEB -7 AM 9:32

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Sestak for Senate

ADDRESS (number and street) ▼

P.O. Box 1936

Check if different than previously reported. (ACC)

Media

PA

19063

2. FEC IDENTIFICATION NUMBER ▼

C C00465492

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

PA

07

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
10 01 2012

through

M M / D D / Y Y Y Y
12 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Margaret M. Infantino

Signature of Treasurer Margaret M. Infantino

Date

M M / D D / Y Y Y Y
01 30 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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Only

FEC FORM 3
(Revised 02/2003)